

Please type or print in ink.

2010 FEB 24 PM 2:54 Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Chesbro	Wesley	P	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

State of California

Division, Board, District, if applicable:

District #01

Your Position:

State Assemblyman

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 11

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Feb 23, 2010

Signature _____
(File this statement with your filing official.)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
4721 Oak Knoll Drive
 CITY
Carmichael

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

ACQUIRED / / 09 DISPOSED / / 09

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION
2093 Tina Crt
 CITY
Arcata, CA 95521

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

ACQUIRED / / 09 DISPOSED / / 09

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____ % ☐ None TERM (Months/Years) _____
 HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable _____

NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____ % ☐ None TERM (Months/Years) _____
 HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: See attached form

Gift Log 2009 (Updated 2/19/2009) for
Assemblyman Wesley Chesbro

Event Date	Organization	Contact	Address	Phone	Letter Recvd.	Amount	Gift Description
1/8/09	Bass for Assembly	Speaker Bass	777 S Figueroa St. 4050 Los Angeles, Ca 90017	213-452- 6565	2/2/09	72.51	Endeavor Jacket for 2009 Summit
1/8/09	California Dem Party	Doug Ackman	1401 21 st St #200 Sacto, CA 95811	916-442- 5707	2/2/09	73.27	Dinner at the Stanford Mansion – 2009 Summit
1/8-1/9/09	Bass for Assembly	Speaker Bass	777 S Figueroa St. 4050 Los Angeles, Ca 90017	213-452- 6565	2/2/09	11.95	Breakfast & Lunch @ SMUD for 2009 Summit
1/14/09	Ca. Tribal Business Alliance	Allison Harvey	1530 J Street, 250 Sacramento, CA 95814	916-244- 8561	3/19	88.77	Back to Session Bash
1/21/09	League of CA Cities	Daniel B Harrison	1400 K Street Sacramento, CA 95814	916-658- 8200	2/3/09	\$14.15	Receipt at the Citizen Hotel
1/24/09	Wine Grape Growers Event		1325 J Street, Suite 1560 Sacramento, CA 95814	(800) 241- 1800	2/22/10	\$24.95	Reception
1/26/09	Speaker Karen Bass	Speaker Bass	State Capitol Rm 219 Sacramento, CA 95814	916-319- 2047	4/8/09	59.55	Dem Freshman Dinner
1/26/09	Family Winemakers	Paul Kronenberg	520 Capitol Mall Suite 260 Sacramento, CA 95814	916-498- 7500	3/9	72.20	Leg. Reception

1/28/09	KOCH	Peggy Sato	528 Cottage St. NE Suite 1-B Salem, OR 97301	503-378- 1576	4/9/09	52.50	Dinner @ Silverado Resort Grill
1/30/09	Green Diamond Resource Co	Gary Rynearson	PO Box 58 Korbel, CA 95550	707-668- 4400	2/3/09	45.00	Meal at Annual Meeting
1/31/09	Crescent City/Del Norte Chamber	Sharyn Loughry	1001 Front Street, Crescent City, CA 95531	707-343- 8300	1/31/09	35.00	Dinner with Chamber
2/3/09	SEIU Local 1000	Sarah Zimmerman	1808 14 th Street Sacramento, Ca 95814	916-554- 1200	2/18/09	37.00	4 th Annual Reception
2/23/09	C-Line Trucking	Pat Clay	75 Mezetta Ct American Canyon, CA 94559	707 553- 6041	2/23/09	87.50	Kings Ticket
3/23/09	Ca State Parks Foundation	Michael Bankert	1510 J Street, #120 Sacto, CA 95814	916-442- 2119	4/8/09	25.06	Park Advocacy Day Awards Recpt.
4/18 /09	Dr. Jay R Cavanaugh Estate	Nancy Cavanaugh	3451 K St Eureka, CA 95503- 5446	N/A	5/18/09	250.00	Azure Fish Bowl by George Bucquet
4/21/09	Asm. John Perez	Asm. Perez	State Capitol Sacramento, CA 95814	916-319- 2046	5/1/209	7.12	Water bottle
5/13/09	Tech America	Joe Gregorich	1215 K Street, #2140 Sacramento, Ca 95814	916-443- 9059	5/29/09	10.00	Chocolate computer
5/19/09	Ca. Refuse Recycling Council	Trish Roath	1121 L Street#505 Sacramento, CA 95814	916-444- 2772	6/23/09	35.94	31 st Annual Trash Bash
5/19/09	Ca. Refuse Recycling Council	Trish Roath	Southern District 800 Wilshire Blvd. #15 LosAngeles, CA 90017	916-444- 2772	6/23/09	35.94	31 st Annual Trash Bash

8/26/09	Consumer Attyns of California	Nancy Drabble	770 L Street, Suite 1200 Sacto, CA 95814	916-442- 6902	10/22/09	47.79	Dinner at the Waterboy
8/25/09	Ca. Tribal Business Alliance	Alison Harvey	1530 J Street, #250 Sacramento, CA 95814	916-244- 8561	10/15/09	29.00	Luncheon @ Sutter Club
12/15/09	Ca. Refuse Recycling Council	Trish Roath Ex.Director	1121 L Street, #505 Sacramento, CA 95814	916-444- 2772	1/15/10	6.95	AB 939 Reception
12/15/09	"	"	Southern District 800 Wilshire Blvd. #15 LosAngeles, CA 90017	"	1/15/10	6.95	AB 939 Reception
12/15/09	Sector Strategies	Chuck Helget	1215 K Street Sacto, CA 95814	916-503- 3157	2/4/10	13.91	AB 939 Reception
12/15/09	Recology Waste Zero	Rachel Oster	50 California St. 24 th Fl SF, CA 94111	415-875- 1000	2/5/10	13.91	AB 939 Reception
12/15/09	Waste Management	Chris Martin	915 L Street, Suite 1430 Sacramento, CA 95814	916-552- 5859	1/15/10	14.47	Recept. Honoring the Waste Management Brd
12/17/09	Southern Ca. Edison	Lisa Calderon	PO Box 800 2244 Walnut Grove Ave Rosemead, CA 91770	626-302- 6315	1/21/10	16.50	Holiday ornament

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>The Citizen Hotel</u>
ADDRESS (Business Address Acceptable) <u>926 J Street</u>
CITY AND STATE <u>Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): <u>02/21/09</u> - <u>02/22/09</u> AMT: \$ <u>179.73</u> <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Complimentary stay at hotel</u>

▶ NAME OF SOURCE <u>Gov. Action & Communication Institute</u>
ADDRESS (Business Address Acceptable) <u>4535 Shady Oak Way</u>
CITY AND STATE <u>Fair Oaks, CA 95628</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Education Tour re: Pre-Kindergarten Prog & Early Devel</u>
DATE(S): <u>03/02/09</u> - <u>03/04/09</u> AMT: \$ <u>1,971</u> <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Toured Pre-Kindergarten Programs & Early Development Centers in New Jersey & NY</u>

▶ NAME OF SOURCE <u>Zach Zwerdling</u>
ADDRESS (Business Address Acceptable) <u>123 F Street, Suite C</u>
CITY AND STATE <u>Eureka, CA 95501</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Attorney</u>
DATE(S): <u>08/06/09</u> - <u>08/06/09</u> AMT: \$ <u>250</u> <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Donated one hour of legal work</u>

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: _____

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SCHEDULE B 1 & 2010

Interests in Real Property

2010 MAR 18 PM 3:59 (Including Rental Income)

BY: *Wesley Chesbro*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STREET ADDRESS OR PRECISE LOCATION
CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 09 DISPOSED / / 09

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

** You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:*

NAME OF LENDER ***
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF LENDER
 INTEREST RATE % ☐ None TERM (Months/Years)
 HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

STREET ADDRESS OR PRECISE LOCATION
2093 Tina Crt
CITY
Arcata, Ca 95521

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 09 DISPOSED / / 09

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Verification

Print Name Wesley Chesbro

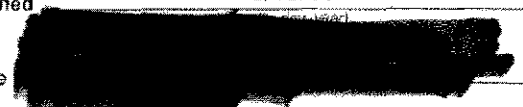
Office, Agency or Court State of California, Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/18/10

Signature 

RECEIVED

APR 8 2010

EB

BY: HS

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE
Koch Companies Public Sector, LLC
ADDRESS (Business Address Acceptable)
528 Cottage Street, NE, Suite 1B Portland, OR
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 28 / 09</u>	<u>\$ 52.50</u>	<u>Dinner @ Silverado</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

Print Name Wesley Chesbro

Office, Agency or Court CA State Assemblyman

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/8/10

Signature [Redacted Signature]

Comments:

RECEIVED

APR 8 2010

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

BY: HS

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE
Gov. Action & Communication Institute
ADDRESS (Business Address Acceptable)
4535 Shady Oak Way
CITY AND STATE
Fair Oaks, CA 95628
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Tour re: Pre Kindergarten Prog & Early Dev.
DATE(S): 03/02/09 - 03/04/09 AMT: \$ 1,971
(if applicable)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Toured Pre Kindergarten Programs & Early
Developmental Centers in New Jersey
& New York

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(if applicable)
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION: _____

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(if applicable)
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION: _____

Verification

Print Name Wesley Chesbro


Office, Agency
or Court CA. State Assemblyman

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ ____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/8/10

Signature: 

Comments: _____